Arizona Department of Health Services
Office for Children with Special Health Care Needs
Integrated Services Grant

ISG – QI Clinical Committee
July 25, 2006
Meeting Minutes

Attendees: Wendy Benz; Mike Clement, MD; Martha Frisby; Linda Hamman; Janet Kirwan; Goldie LaPorte; Thara MacLaren; Sheila Mehlem; Gloria Navarro-Valverde; Bill Rosenfeld; Tressia Shaw, MD, Peggy Stemmler, MD; Jill Wendt

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
Pre-Meeting Notes		The ISG QI Clinical Committee members welcomed members from the ISG Adolescent Health Community Advisory Group, Ms. Sheila Mehlem from the Glendale Union High School District and Dr. Tressia Shaw from the Phoenix's Children Hospital. The 7-25-06 meeting of the ISG QI Clinical Committee was a review and decision making meeting on the GAPS (Guidance for Adolescent Preventive Services) Questionnaires.	*Visit www.azis.gov for all current ISG information
Welcome and Introductions	All	The ISG QI Clinical Committee members were pleased to have the opportunity to welcome Ms. Mehlem and Dr. Shaw from the ISG Adolescent Health Community Advisory Group. The group took a moment for introductions around the room.	
Announcements	Jill Wendt, ADHS-OCSHCN	The continuation for year two of the Integrated Services Grant has been approved. We are looking forward to continuing the good work that has been undertaken so far.	
		In preparation of Year Two activities, we will be canceling most August committee meetings. ISG QI Clinical Committee meeting for August 15th has been cancelled. Their next meeting will be September 19, 2006. ISG Cultural Competency Committee meeting of August 16, 2006 has been cancelled. Their next meeting is September 20, 2006.	*Current August 2006 ISG meetings that will take place: -ISG Task Force 8-23-06

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		The ISG Executive Task Force *will meet* August 23, 2006 (1-3pm ADHS Bldg, Room 345A). The ISG Young Adult Transition Committee *will meet* on August 24, 2006 (1-3pm ADHS Bldg, Room 345A)	-ISG Young Adult Transition 8-24-06 All other monthly ISG meetings cancelled for August 2006
Review of 6-20-06 Meeting Minutes	All	The group took a moment to review the minutes. No corrections, additions or deletions took place at this time. The group was instructed that they could email corrections to Jill Wendt (wendj@azdhs.gov) if they preferred to review the minutes outside the meeting. If no corrections, additions and/or deletions from Committee members are made within a timely manner, the minutes will post to the WEB site www.azis.gov.	*ISG QI Clinical Committee members made no changes within the meeting minutes of 6-20-06. Any further feedback will be emailed within a timely manner.
Chairperson Status for the ISG QI Clinical Committee	Ms. Wendt	Reminded the participants that if they were interested in volunteering for the QI Clinical Chairperson status, to email/call Jill Wendt at wendj@azdhs.gov (602-364-3356).	*Call for volunteers for Chairperson status of Committee. Contact wendj@azdhs.gov or masonpa@azdhs.gov
Discussion on GAPS Questionnaires (Guidance for Adolescent Preventive Services)	Ms. Wendt	Ms. Wendt gave a status report on how the GAPS came to be reviewed by the ISG Committees. ISG QI Clinical has taken the lead with the first recommendation of specific screening tools to the ISG Task Force in regards to the ISG Care Coordination Study <aka Medical Home Project>. The ISG Adolescent Community Advisory Group recommended GAPS for review to the QI Clinical Committee (as well as other committees) for the special needs young adults typically after the age of 16.	
		The ISG-Parent Action Council (at their 7-13-06 meeting) has concurred with the Recommendation to include GAPS as a screening tool as part of this project. The ISG Young Adult Transition Committee reviewed the GAPS at their 7-20-06 meeting and also endorsed the recommendation to include GAPS as a screening tool.	
		Continue	

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Discussion on GAPS Questionnaires <con't>	Sheila Mehlem, Glendale Union HSD	The use of GAPS with one-on-one meetings with adolescents or parents has many pluses. Once this form is filled out by adolescents and/or parents, this form is very easy to read because if there is anything that is off kilter, you can see it. One of the issues that the health care providers have is that it is lengthy and there is not enough time to do it in the office. Finding a place to do the questionnaires is important. Also, providers are not reimbursed for this time. However, having said that, most providers agree that it is an excellent tool.	*GAPS needs time and comfortable place to administer *Used in school based clinic
		The questionnaires are in English and Spanish but an issue comes up in the limited proficiency of the English or Spanish language (Spanish as a second language). I have found in my practice that the English for high school students may be limited, and/or they are kids who are not of a strong education orientation whereby they may not be knowledgeable or don't understand the questions.	*Limited proficiency of English or Spanish language may barrier
		I have uncovered a lot of information (depression, substance abuse, etc) myself using it. In the school based clinic, I can spend the time that is needed. I spend an hour on this form with adolescents. I obtain information that may not be discovered right away with adolescents, or the providers will never collect because there is no tool in place.	
		Those are some of the pluses and minuses for the GAPS. As mentioned, I have heard feedback from providers that it is a great tool. But not a lot of providers use it because of the time element and reimbursement. Our group is looking at other adolescent tools as well. We are reviewing the psycho-metrics of the HEADSS tools and the forms used with the tool.	*Reimbursement factor to physician may be barrier *ISG Adolescent Health Community Advisory Group is reviewing the HEADSS assessment too
	Mike Clement, MD ADHS-OCSHCN	GAPS is the recommendation from the ISG Adolescent Health Community Advisory Group? The ArMA Group?	
	Ms. Mehlem	Yes, that is the specific recommendation from the Group based on the need for adolescent tools after the age of 16.	
		continue	

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Discussion on GAPS Questionnaires <con't>	Peggy Stemmler, MD, MBA, American Academy of Pediatrics	My concern was not about the GAPS tool as it is used. I was more concerned about the purposes of this group (QI Clinical) in recommending screening tools and what we would be screening for. The tools previously recommended were for the first developmental stages of a child and a couple tools do address older ages. There are scores and more exacting results. With adolescents, it gets a bit more tricky. We really didn't talk about what we were screening for. GAPS is the best tool to do some type of adolescent screening, but for what? What are we screening for?	*The ISG QI Clinical Committee's May 2006 recommendation/status report to the Task Force included 2 tools that addressed certain adolescent age groups: -PSC-Pediatric Symptom Checklist (age 4-16 years) -CRAFTT (14-18 years) self-report on substance abuse.
	Ms. Wendt	I may be able to help with that question. This is part of the ISG Care Coordination Study (aka Medical Home Project). When there are screeners and care coordinators on site, we want them to use approved assessment tools to collect and gather baseline information for better coordination of services for children with special health care needs (ages from 0 through 18 and beyond if necessary). With the structure of a coordinator and screener in place, we will ask "are the children that are being screened getting the services, is it better service, and are they more satisfied with the services?" There are other components to the project as well but within the screening and assessment tools part, the adolescent piece was not as prevalent in the recommended screening tools, and I believe that is why this particular GAPS tool was recommended. GAPS was recommended by the ISG Adolescent Health Community Advisory Group for other ISG committees to review, so that the screening (or assessment) of adolescents would be more inclusive.	*GAPS to be used in the ISG Care Coordination Study <aka Medical Home Project> *Visit www.azis.gov for current Status Reports from all ISG Committees
	Ms. Mehlem	Yes, in order to get better services, one must uncover the issues.	
	Dr. Stemmler	Part of the problem is time. Also, if one finds a problem, one has to do something about it. And that is almost a barrier.	*Will issues identified by GAPS become barriers in service care coordination?

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Discussion on GAPS Questionnaires <con't>		One of the reasons we recommended the PEDS tools was because it was very practical. Along with short and sweet and score-driven. We had a chance to incorporate the tool into the recommendation. I personally think that everybody should use GAPS for teens. But will it happen? Is it statistically possible? Screening for certain variables will lead to other pressures that are or become evident (i.e. financial pressure, insurance). Is there something else that can be used in the interim (an interim tool) that will identify the similar things (real diagnoses) but could more realistically be implemented and incorporated into practices across the board?	*Is there an interim tool that can be implemented while GAPS is being streamlined?
	Janet Kirwan, RN, MS, SARRC	How would this be done for special needs?	
	Ms. Wendt	The assessment will be done (screener) and the care coordinator will help facilitate those services that are in need. Based on the results of the data within those sites, we can determine the next steps. Year 2 is spent on collecting data after the sites have these tools in place. Then based on the results of *all* data that comes out in the third year, we will then make a recommendation to the Governor. This will ideally help with improved quality of services and higher customer satisfaction.	
Discussion on	Group	There was discussion as to the specific population to be screened. For children, the pediatric screening is done for an entire population. Is that the same premise used for adolescents? Everybody? Will the kids in the population that screening is necessary at every well child visit - be served correctly and with better screening and care coordination? Then the adolescents, when will you know to screen a certain population? Are you concentrating/targeting kids that have already been identified or diagnosed as special needs or developmentally delayed whereby they need more services? The consensus of the group was that they are screening everybody at some point. To determine a need, or to continue with enhanced services of the already determined special needs, or to implement improved services. It was noted that children with special health care needs is a focus and screening should help with	*When do you know to screen an adolescent?

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GAPS Questionnaires <con't>		determining if a child is special needs (the pediatric stage), and if already determined as such, will adolescent tools help further special needs young adults care and service.	*Focus remains on special needs
	Tressia Shaw, MD, Phoenix Children's Hospital	One cannot administer the GAPS questionnaires in certain special health care needs populations because they cannot read, write, see – or depending upon developmental level; may not be able to complete or fully understand.	*Is GAPS understandable for already determined special needs population? The deaf, blind and disabled.
	Ms. Wendt	The goal is better service delivery. If we decide we would like to include GAPS in part of the process of the Care Coordination Study (aka Medical Home Project), we take this to the ISG Executive Task Force and they sign off on it. We place the screener and care coordinator with the tools in the chosen pediatric and general practice sites and begin data collection.	
Discussion on	Linda Hamman, ADHS-OCSHCN	Advised the group of some of the feedback points of concern from the ISG-Parent Action Council *and* the ISG Young Adult Transition Committee. These two ISG committees were also charged with reviewing the GAPS Questionnaires. Ms. Hamman reviewed some points of concern from ISG Young Adult Transition Committee and ISG-Parent Action Council: <u>ISG-Young Adults</u> -The how will it be administered is a concern. -Young Adults also had a privacy concern. Invading privacy a bit. They wanted to be able to answer the questions to someone but they wanted someone to do something about it when they did. If you are going to screen me for this, what happens from this? -If it comes out that I am depressed, will I be referred to someone that will help me? -Will you share it with the parent? Huge concern. (i.e. sexual activity, substance abuse, smoking) -I share it with you because I don't want to share it with my mom. -If there needed to be another person giving the GAPS, they don't want it to be one of the office staff. Not the receptionist, etc. Not verbally in the waiting room where it is not private. Possibility of completing it online. They had many ideas of how you could	*Possible online

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GAPS Questionnaires <con't>		administer it. Doing it online before they came to the physician's office. They would be more honest if it was done online. Answering questions in a private environment while online. The young adults are very virtual and can do a lot of work online. Can the questionnaires could be used this way? <u>ISG-Parent Action Council</u> -both Young Adult and PAC agree that the issues on the GAPS questionnaires are not being addressed in a usual visit. -Both groups had confidentiality issue with all the information. Must keep it confidential and convey to parents and all, that it is strictly confidential. Verbally and in form (re-stamp forms with Confidential stamp) -Both groups said something about the reading level (literacy level needed to complete) and would it take a parent to help complete or any kind of parent participation with the adolescents during the questioning. This specific concern led ISG PAC to ask if the literacy level could be looked at more closely, and if there is a tool in current use that addresses the "level of language". -The waiting room is not the place to administer	administration of GAPS if possible. Can it be done? How? *ISG-PAC concern with "level of language" (literacy level) of the population that cannot read, write, see. Is there an existing tool that addresses level of language and can it be used?
	Wendy Benz, Raising Special Kids	How does HIPAA relate to the virtual world and doing all this online? There is privacy of information online with mental health issues. How would it be given to the doctor? Also, how would it be done online? Who would download, etc.?	*How does HIPAA apply in the virtual world if GAPS went online? *How would the doctor retrieve the information?
	Ms. Hamman	One of our ISG Committee members on Young Adult Transition is from ValueOptions. She works in this area, and she said that she receives a code and password that must be used to access.	
	Ms. Benz	That would be at the doctor offices that already have online access in place. Self-contained medical records. When we talk about basic health centers having it or surveying specific clinics for virtual use, I wonder how we can do that. Also, the parent issue.	*Can GAPS be virtual at health centers and clinics?
	Ms. Hamman	Yes, the parent issue was a concern with Young Adults. As in, "if I answered yes to a drug question, would you tell my mom?"	
Discussion on	Ms. Kirwan	Basically, they can't. It is confidential according to HIPAA. So the question is	*How would

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GAPS Questionnaires <con't>		how would it be kept confidential? How methodized is it? I don't have any questions about the electronic version. We are currently in a project where we are inputting massive quantities of clinical information into a computer database that will be available to just about anyone. And it is confidential whereby there is no way someone can identify who belongs to what thing. The software makes it that way. I don't think we have to worry about breaking in the computer and downloading everybody's questionnaire. Many offices now are sending out information ahead of time to the parents, asking for pertinent information because they don't have time to spend in the administration of these tools. If it can be sent ahead of time. Downloading a hard copy and bringing it in, doesn't really save a lot of time. And if the people are late for their appointment, they won't have time. If it is sent ahead of time, the time for preview by the provider is done beforehand. This would be a huge benefit.	information be kept confidential? *Send tool out prior to doctor visit.
	Ms. Hamman	Yes. They strongly felt that the questions were not being asked of them. And that they want to give answers. They do want help in these areas. But they are also asking, "if they answered, who would know this information".	
	Ms. Kirwan	Is there a law in Arizona that forces people to share?	*Research Arizona laws for confidentiality.
	Dr. Clement	You can share it with the parent if the child says yes.	
	Ms. Mehlem	GAPS provides the form to explain to the parents what answering the questions entail, and if they have any questions. Health care providers are supposed to be asking these types of questions. However, we know that in an interview with a parent, if the parent doesn't want it, they can't do it. If you are communicating with the parent, the explanations and guidelines will help. There are many questions/"at risks" for adolescents. Most parents are okay with it. I always say "if you are doing something that is life threatening, we have to tell mom and dad".	*GAPS provides explanation and guidelines to the forms.
	Dr. Stemmler	Yes, it is a communications dance. You are telling me this; and I am really worried about it. Start the conversation around communication. You can't make the referral without the parent knowing about it. This helps the teen to move towards a way to open the communication. Sometimes there are other reasons, but it remains important to have them tell you. Short of life threatening, I will keep the information confidential.	*Parents will know about a referral.

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	Ms. Kirwan	What does the parent think? The health issues are sometimes evident. Sexual abuse by a parent. They will need to know.	
	Dr. Stemmler	That is law. It must be reported	*Will issues be reported by law?
	Ms. Wendt	In the clinical setting, is it common practice for us to say "it is strictly confidential" or for us to say "there are some things that I have to report". Explain to them.	
	Dr. Clement	It depends. It's inconsistent in the sense that you are dealing with adolescents, you have to know what you can and can't say without this issue of confidentiality. The other things you worry about- you must be aware of them *as* a practitioner. Doesn't mean that you go in and lay it all out to them, but you know and are aware.	
	Ms. Wendt	Is there common language that is used (currently) to say it, so to speak?	
	Dr. Clement	Not that I am aware of.	
	Dr. Shaw	So, in practice, we say -we are going to talk to you without your parent in the room. This discussion will be confidential. I usually tell them there are certain things that may be life threatening. I encourage them to open communication and inform them that if there is something found, I will tell them "this is life threatening". There is no "here's the disclaimer".	*Encourage open communication with adolescents. Keep them informed.
	Dr. Clement	Some things that are confidential, are rapidly becoming non-confidential. Take for instance, you have a 16 year old with an STD and you say to him, by himself, I want you to go to the laboratory and take this test and this test. And check that they are done. Good luck on his parents not finding out, but there is nothing you can do about it. If using insurance, they will find out. If he likes to pay cash, no one will know.	
	Ms. Hamman	The adolescents want to tell someone they can trust and a physician is someone they can trust. Confidentiality yes, but referrals can be made because they want help to begin with. I got the sense from our committee feedback that they want you to ask the questions. The special needs kids want that. In the December 2005 Summit we had, that was observed too. Doctors are not asking the questions. For example, they ask me if I am sad. I don't think about it like sad; but I don't like to get out of bed in the morning and face the world.	*Current feedback from special needs young adults is that doctor's are not asking the questions needed to be asked.
	Dr. Stemmler	Services/referrals must be made based upon what is found, or under law, certain things must be reported and sometimes that is why the questions are not asked.	
Discussion on GAPS	Ms. Benz	I have two questions. What is the point of this entire issue? Is it for data integrity so it's not compromised? Are we making recommendations? And also, the	

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Questionnaires <con't>		confidentiality, as in substance abuse.	
	Dr. Stemmler	MCH has put out a nice booklet on confidentiality and adolescents.	*MCH booklet on confidentiality and adolescents
	Ms. Mehlem	Yes, it has actual case studies and scenarios.	
	Ms. Kirwan	I was thinking about this online topic and maybe we don't want to go to the expense of putting it online yet. Supply hard copies for the pilot project to collect the data. And quantify the data first.	*Possibility of NOT going online in the initial stages of the project until defined.
	Ms. Wendt	As a parent, if I get a packet ahead of time, it will help me as a parent to my child. And the young adults are all virtual now whereby having it online will help them. It does makes sense for this project, to have the practice send it out ahead of time. We may wish to look at that as well as online. Please be assured that there will be guidelines on the tools and administering of these tools.	
	Ms. Kirwan	It could literally go as an email attachment within an email. That is not expensive. The adolescent or parent can print if off and bring it with them. It gives independence but yet still has the ability to obtain needed information.	*If GAPS goes online, simple email attachment may work
	Ms. Wendt	And there should be an option. If you don't want to do it ahead of time, but instead, the patient may request the one-on-one atmosphere. They should be able to do that too. Possibly we could supplement the screener's time.	*Determine if patient wants online or one-on-one.
	Dr. Shaw	Who will supply the forms and pay for them if the pilot goes out onto other doctors? And will there be reimbursement? Those are some of the resources that will need to be provided. Who will do it within the practical situation within a clinic?	*Supplies and reimbursement are a concern.
Discussion on GAPS Questionnaires <con't>	Ms. Wendt	Our community development teams are very involved with this project. They are parents that we support through organizational contracts throughout the state. People in the community interested in children with special needs and improving their community. We will approach a community for a Medical Home pilot site and are currently outlining all the details of how this will be operationalized in the clinic setting.	*Communities will be approached for Medical Home pilot sites

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		The care coordinator piece, we have people working to get this piece together. This is supported through the grant. It will use the community resources in a different manner, out of the norm. But this is what we need to look at- integrating services in a slightly different way than the norm of what we are used to. The data shows that this community-led way is taking place and families are happy. We are using some of the things already in place in the communities. And also, the pilot project may show that it does or doesn't make a difference.	
	Bill Rosenfeld, ValueOptions	Do you have something that gives us the opportunity for these people that have problems with the doctor –patient structure?	*What about the people who have problems with a doctor-patient structure as some do.
	Ms. Wendt	That is a question that still needs to be addressed within the administration of the tool.	
	Mr. Rosenfeld	I do think that as far as capability, sustainability, and reimbursability, through a health plan assessment, etc., we have the opportunity to consider a pilot program. I have real concerns about the electronic medium being used for our particular patient population. I don't think that would be valid in our situation. It could be a hindrance.	*Online access may or may not work in health centers. Possible barrier
	Group	There was discussion around adolescent issues. What would a typical project site be involved with? Are we aiming at comparing services? As we look at adolescents as "typical", what happens in a typical situation with adolescent issues and that population? And are we focusing on special needs children?	
Discussion on GAPS Questionnaires <con't>	Mr. Rosenfeld	That is what you see with the GAPS, those risk indicators and trying to identify them *around* special needs. And the arena to do this must be a comfortable location. Bring these issues to a primary care professional for physical or mental health. The system, at times, doesn't recognize some of the high risk behavioral issues we are dealing with (health centers). We refer to a special behavior entity and the patient does not go. The care coordinator position comes in as a referral aspect with on-going care, but also to advocate for that patient, for the need to do this. The physician doesn't always have the time to do it. They are skilled and would love to do it all, but don't.	
	Ms. Benz	That is an issue. If you do all this, will you be able to solve the problem. If the problem is identified, can it be solved?	

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	Mr. Rosenfeld	The kids should open up that dialogue. For something to be done. I don't necessarily think that we want to be sending them somewhere else. They are coming here for help. Such as Mountain Park Health Center. They want the questions asked but they get confused a bit as they have come to the Health Center place for help and we are referring out. In my opinion, this is proof of a paradigm shift of what integration should do and how we are providing care.	*Why a referral? (in health centers)
	Ms. Kirwan	I believe that a lot of pediatricians are not comfortable with working with the mental health like serious depression, and the special needs population. Special needs has to have qualified doctors doing this. There is a need to refer to someone but who and what would that look like. The referral would be done how and where will it go?	*Have to have highly qualified doctors to work with special needs population. *How would the referral be done and where will it go?
	Ms. Hamman	Parents want to do something about their child's care but don't know how. What are the things we need to identify and what role will it play?	
	Dr. Clement	Do we have time to consider any other tool but GAPS? When is the drop dead date to recommend?	
	Ms. Wendt	Well, the date has passed but if there is strong feeling about another tool, we can look at it. We need to identify if GAPS serves the purpose of what we are planning, or is there another one that we need to look at.	
	Dr. Clement	To move the process along, I move that we recommend GAPS (Guidance for Adolescent Preventive Services) Questionnaires to the Task Force as an adopted tool.	*GAPS (Guidance for Adolescent Preventive Services) Questionnaires is recommended to the Task Force as an additional screening tool to be used in the ISG Care Coordination Study <aka Medical Home Project>
Discussion on GAPS Questionnaires <con't>	Dr. Stemmler	Given that this is a tool that is recommended and that will be used in the 3 sites, I am happy to support that recommendation. I do believe that it will *not* be able to be generalized, and that is my only reservation. It becomes an academic exercise as opposed to something that would actually be able to be incorporated into the broad	

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		array of clinical practices over time. But I don't have a better alternative.	
	Ms. Kirwan	We might obtain feedback we can use. It is an opportunity to find out what the problems with the tools are. My concern is not so much with the sites because they volunteered to do it. My real concern is that you cannot- *not* give these people places to go for the kids. As in "I just filled out 4 pages of something and you are not sending me anywhere?" There are very few places to go and it is hugely expensive. So will the referral be made and how? It must be kept confidential. In many instances, you *cannot* give these kids a referral if something is found, it has to go to a parent.	*Will *patients* feel they needs a referral after completing GAPS? Or is something wrong? *Referrals have to go to parents in some instances, confidentiality becomes important.
	Ms. Wendt	We can think about what we can do. The care coordinator is the person that is right in front. We know we are not relying on the physician to do this because there time is filled. Hopefully, they will put together the tools and a plan for the care coordinator to have a conversation with patients and initiate service coordination. We have to sometimes know that depending on what the circumstance/issue with a particular child and adolescent is, it may become evident that all we can do is say "we will refer you". We know we can't solve everything, however a concern is that we have identified it and then did not address it.	*Will the issue be identified and then not addressed?
	Dr. Stemmler	In the PEDS roll-out, one of the things AHCCCS does is that they want the scoring sheets back. Primarily, it is for answering the questions of what referrals have been necessary and what has happened with that. Is there a place within their sources and needs assessment. Everyone knows that there are not appropriate services and it is frustrating at times. There is no data that can be used. AHCCCS is in a great position with great potential. The people that are on AHCCCS will be on for awhile. There will be times of in and out or on and off the program but they will be there for awhile. It is the commercial plans that don't the same laws to protect them. But to have a program that wants to help kids, the supplemental health services need improving. What do they have? And Mr. Rodgers knows this. There is no record of how often, what frequency, how much…..to develop a plan of supplemental services given out.	*Supplemental Services – who has them and how are they coordinated and disbursed?
	Ms. Kirwan	Or the coordination of the supplemental services. AHCCCS doesn't do it.	

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		ValueOptions does it. It is the networking.	
Questions/ Discussions	Ms. Wendt	Provided an update on the Care Coordination Study (aka Medical Home Project).	*3 sites for the ISG Care Coordination Study
Items from the Floor (continued discussion on GAPS)	Ms. Benz	Just to put this in perspective, the purpose of this is multi-fold, correct? Are you going to identify on the micro level what is going on with that child? And then, hopefully identify a plan to take care of that issue after it's been identified. Is there going to be a way to look at this as a needs assessment? Or a how to use in the field aspect?	*Can we look at this as a needs assessment?
	Ms. Wendt	We have written the data component in for the third year. We are also developing surveys that will help identify needs and issues. Are we all in agreement that GAPS can be used as an assessment?	
	Ms. Kirwan	I do think you need to note that you are sending someone to the sites that are highly qualified.	*Highly qualified care coordinator and screener is needed.
	Ms. Wendt	Yes, we want this to be thought out and be developed in a responsible way in accordance with HIPAA. Plus, the Task Force will review the recommendations and probably provide strong feedback.	*HIPAA will be followed.
	Ms. Kirwan	Is there a specific age group for these different forms? Do you use the Younger Adolescent for a certain age? And is it for every kid that comes in the office, who is between the ages of xx to xx ??	*What are the age groups for each GAP questionnaire?
	Ms. Wendt	It will depend on the assessment tool used. GAPS has 2 to 3 age-breakouts with the forms.	
	Ms. Mehlem	The whole packet comes with a guideline. I think the age of 14 or 16 is the first cut.	
	Group Discussion	The group discussed the design of administering GAPS in regards to age.	
	Ms. Benz	What about the kids with cognitive disabilities?	
	Ms. Hamman	The parents and youth did mention that. Would there be an adjustment as to which form would be given out. And to whom.	
	Ms. Benz	I am concerned that there is going to *have to be* a lot of guidance given. The care coordinator is administering the whole process, and if the problem is identified, does the doctor even hear it or read it?	

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		Also, for instance, we have a parent and child that are comfortable with making their immunization update appointment; and then all of a sudden they are taking all these questionnaires and tests at the visit. What guidance will be given when patients become worried for any reason?	
	Ms. Wendt	The professional level will be high. It would not be someone who could *not* make these types of decisions.	
	Ms. Kirwan	The other tools have specific ages.	
	Ms. Stemmler	These tools, as far as I know, were not designed with special needs kids in mind. They were made for just teens in the population. They are validated screening tools in a questionnaire form which does call for professional judgment and discretion. Much more with special needs kids. We should try to make sure that this happen in a systematic way and not in an abandoned-type way. For a good well child visit.	*Is GAPS best for already diagnosed special needs? *More professional judgment and discretion is needed with the tool
	Ms. Benz	Is there a way to edit the GAPS and take only the good questions?	
	Dr. Stemmler	There must be permission granted. With the young set, we are talking about validating screening tools and how to do a good well adolescent visit. In the true context, we shouldn't call GAPS a screening tool in the same context such as the PEDS or PSC which has been developed specifically for measurement over time—and used so that we will identify children with development disabilities.	
	Ms. Kirwan	It will be interesting to look at the data coming back. For instance, how many teenagers are suffering from some sort of depression after the age of 14? How many teenagers are actually being treated for depression? All we go through will ultimately save money by providing better counseling, treatment, and early intervention for some of these adolescent issues. A worthy investment. We can define a cross section of the population.	*Data returned by the use of GAPS will help define adolescent issues, barriers, and populations.
	Ms. Wendt	We will go forward and make the recommendation to the Task Force to consider using GAPS (Guidance for Adolescent Preventive Services) Questionnaires for the Care Coordination Study <aka Medical Home Project>. As time runs down, I want to thank you all for attending. Look forward to seeing you in September.	
Next Meeting		**September 19, 2006, ADHS Bldg.- 1pm to 3pm – Room 345A**	